STATE FORM

PRINTED: 03/30/2011 FORM APPROVED

COVIDER OR SUPPLIER	HFD12-0040		B. WING	NG	03/11	/2011
4041				STATE, ZIP CODE	*	
CARLS PLACE 404 NE WASHII (X4) ID SUMMARY STATEMENT OF DEFICIENCIES					-	·
(EACH DEFICIENC)	MUST BE PRECEDED BY	FULL.	ID PREFIX TAG		N SHOULD BE	(XS) COMPLET DATE
A licensure survey 2011, to March 11, three residents was population of four in The survey findings in the home, intervinursing and direct das a review of residencords, including in 3502.2(c) MEAL SE Modified diets shall (c) Reviewed at lease This Statute Is not Based on interview home for persons where for persons where consulting dietit residents included in The finding included interview with the dayona, at approxima all the residents we the exception of Redirect care staff, Recalorie diet. Review of Residents was residents we the exception of Redirect care staff, Recalorie diet.	was conducted on Ma 2011. A random sar selected from a resi nen and one woman. was based on obser ews with administrative care staff and resident lent and administrative neident reports. ERVICE / DINING AR be as follows: st quarterly by a dieti- met as evidenced by and record review, the with intellectual disabi- nsure that the reside eviewed at least quar- ian for one of the three in the sample. (Resident #1 was on a 2 #1's medical record- mately 11:30 a.m., re Primary Care Physic	rch 10, ed that diet with g to the 200 on March wealed	1000	Department of Health Health Regulation & Licensing Admi Intermediate Care Facilities D 899 North Capitol St., N. Washington, D.C. 2000 Diets on all Residents wi by a licensed dietitian of basis as per regulation. Carl's Place will work wit Services Coordinators to the PSI contracted dietic and assess the dietary re each resident in accorda orders and the residents All dietary care coordina	Il be reviewed a quarterly h DDS ensure that ian reviews egimen of nce with PCP ISP.	4301
	(EACH DEFICIENCY REGULATORY OR LEACH DEFICIENCY REGULATORY OR LEACH DEFICIENCY OR LEAC	(EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMAL INITIAL. COMMENTS A licensure survey was conducted on Ma 2011, to March 11, 2011. A random sar three residents was selected from a resipopulation of four men and one woman. The survey findings was based on obselin the home, interviews with administrationarying and direct care staff and resident as a review of resident and administrative records, including incident reports. 3502.2(c) MEAL SERVICE / DINING AR Modified diets shall be as follows: (c) Reviewed at least quarterly by a dietion of the diet was reviewed at least quarterly by a dietion of the diet was reviewed at least quarterly by a dietion of the diet was reviewed at least quarterly by a dietion of the diet was reviewed at least quarterly by a dietion of the diet was reviewed at least quarterly by a dietion of the diet was reviewed at least quarterly by a dietion of the diet was reviewed at least quarterly by a dietion of the diet was reviewed at least quarterly dietion of the dietion of the sample. (Residents included in the sample. (Residents were on a 1800 calorie of the exception of Resident #1. According direct care staff, Resident #1. According direct care staff, Resident #1 was on a 2 calorie diet. Review of Resident #1's medical record 9, 2010, at approximately 11:30 a.m., reveal to the was seen by his Primary Care Physic (PCP) on September 13, 2010 and was too Administration.	(EACH DERICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A licensure survey was conducted on March 8, 2011, to March 11, 2011. A random sample of three residents was selected from a resident population of four men and one woman. The survey findings was based on observations in the home, interviews with administrative, nursing and direct care staff and residents as well as a review of resident and administrative records, including incident reports. 3502.2(c) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (c) Reviewed at least quarterly by a dietitian. This Statute is not met as evidenced by: Based on interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that the resident's modified diet was reviewed at least quarterly by the consulting dietitian for one of the three residents included in the sample. (Resident #1) The finding includes: Interview with the direct care staff on March 10, 2011, at approximately 4:08 p.m., revealed that all the residents were on a 1800 calorie diet with the exception of Resident #1. According to the direct care staff, Resident #1 was on a 2200 calorie diet. Review of Resident #1's medical record on March 9, 2010, at approximately 11:30 a.m., revealed he was seen by his Primary Care Physician, (PCP) on September 13, 2010 and was	REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A licensure survey was conducted on March 8, 2011, to March 11, 2011. 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According to the direct care staff, Resident #1 was on a 2200 catorie diet was review of Resident #1 s medical record on March 9, 2010, at approximately 11:30 a.m., revealed the was seen by his Primary Care Physician, (PCP) on September 13, 2010 and was	REGULATORY MIST BE PRECEDED BY PULL REGULATORY OR ISC IDENTIFYING INFORMATION) INITIAL COMMENTS A licensure survey was conducted on March 8, 2011, to March 11, 2011. A random sample of three residents was selected from a resident population of four men and one woman. The survey findings was based on observations in the home, interviews with administrative records, including incident reports. 3502.2(c) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (c) Reviewed at least quarterfy by a dietitian. 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TATEMENT	equiation Administra of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	RICLIA MBER	(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION	(X3) DATE SU COMPLE 03/11	IRVEY TED
NAME OF PI	ROVIDER OR SUPPLIER	HFD12-0040	464 NEW	COMB ST, S	0032		
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I 043	review of the medi quarterly review do At the time of the s show evidence the Resident #1's mod conducted July 26	calorie diet. Continual record revealed a steed July 26, 2010. Survey, the GHPID fact a dietitian had reviet diffed diet since the aut, 2010.	iled to	1 043			
	each GHMRP shall Health, Health, Health Farmusual incident of interferes with a marrangement, well places the resident be made by teleption followed up by writwenty-four (24) has the Sterile is the sterile of the ste	reporting requirement all notify the Department in the Department in event which substates ident's health, well being or in any other at risk. Such notification within notification within ours or the next worked the met as evidenced in the department in the next worked in the ne	ont of / other Initially Ifare, living r way ation shall d shall be n k day.		Carl's Place implemented incident reporting system by all incidents are report the Program Director implementable in be submitted to DDS Mitthe DC Department of F24 hours. All incidents with the Incident report to they be reviewed by the	ted to t mediately. cidents will CIS system and lealth within will be logged og book where se QA Coordinate	4/30/11
	Based on Intervieuration failed to ensure usubstantially with reported immedia Health, Health Readministration (Definite law (22 Definite law	w and record review inusual incidents that the resident's health ately to the Departme egulations Licensing OCH/HRLA), in accord CMR, Chapter 35, See of the three resident Resident #1)	interfered was ent of dance with		to monitor for complia	nce.	
	0 2011 hoginali	acility's incident repor ng at approximately 1 nt #1 experienced a s	u, // a.m.	*			uation sheet 2

TATEMENT	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI	PLE CONST	RUCTION (X3) DATE SURVE		
ND PLAN O	F CORRECTION	identification NU	MBER:	A. BUILDIN	s			
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1379	Continued From pa	age 2		1 379			!	ļ
1	According to the recalled 911 and the ambulance to a local Although the Progr	g on September 9, 2 sport, the direct care resident was transportal emergency room.	staff orted via n March					
-	Although the Program Director stated on March 8, 2011, at approximately 10:56 a.m. that the incident was reported to DOH/HRLA, there was no evidence of the incident being reported.					March 21, 2011, Carl		
1 395	1 395 3520.2(e) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:			1 395	Coord RN/C	intracted with the Mid inating Center/		
					related deliver following to beg	VIDN to provider RN of to nursing services a ry of nursing care. The ing actions are being in to correct the defication in ID Prefix Tag 1	and the ne instituted iencies	
					•	MAR's for all resider the process of being according to the nur process which inclu-	audited, sing	
	(e) Nursing; This Statute is not met as evidenced by: Based on observation, interview and record		cord			checking both the M the physician order completeness and a	IAR and for	
-	review, the group home for persons with intellectual disabilities (GHPID) failed to ensure the provision of nursing services in accordance with the assessed needs of five of the five residents residing in the GHPID (Residents #1, #2, #3, #4, and #5).				•	A meeting has been between the oversig and the residents' P Psychiatric provider that all medication/to	ht RN's CP and to ensure	
	The findings include: 1. The GHPID failed to ensure that medications for Residents #1 and #2 were administered in					orders are current a properly authenticat practitioner.		
ealth Regu	lation Administration	nic #2 weig acimilist		1946	BNVR11		if continuatio	n sheet 3 of 14

	l of deficiencies of correction	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM		(X2) MULT A. BUILDII B. WING	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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I 395	2011, beginning at revealed Resident dated September 1 report, the resident he was on an outin local emergency of September 15, 20 neurologist and his 300 mg BID to 300 P.M. to control his neurologist increas Medication Admini September 2010, and December 2010, and December 2010 (Trileptal 300 BID) evidence that the rational management of the through dosage of from September 2 indicated that the rational disability increase in Trileptaneurologist. The MAR's from S January 2011 indicated the increase in Trileptaneurologist. On the morning of approximately 8:46	incident reports on Ma approximately 10:17: #1 was involved in an 9, 2010. According to t experienced a seizur ig. The resident was a sorn, and subsequently to the resident visited in Trileptal was increas and Q A.M. and 600 seizures. Although the sed the dosage, the re stration Records (MAI October 2010, Novem 10 remained the same There was no docu	a.m., incident the seen in a y on his ed from mg. Q se sident's R) for ber 2010, mented additional ed the M and e drawn le the WARs 2011 e the did not red by the as	1395	and team man in place and a been hired, ori as will start his of 4/18/11. • A med-pass of being schedule hired LPN to e	evised LPN iption, are coordination agement is now new LPN has entation given, duties the week bservation is e for the newly nsure that he is and competent	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU HFD12-0040	MSER:	A. BUILDING B. WING	CONSTRUCTION	(X3) DATE S COMPLE 03/1	1/2011
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1395	the neurological at had on September he was not aware. The LPN also revening place for him to been seen by the the medication enhis responsibility to only doing the medicated that the registered nurse for When furthered quities, he added to residents' Primary.	PN, he had no knowle pointment that Resident 15, 2010, and indicated the increase of the ealed that there was reknow that the resident neurologist. When into verify the order as he dication pass. He also agency had been with or appropriately 9 mouestioned about his rehat he communicated that it care Physicians (PC)	dent #1 ated that e Trileptal. no system nt had formed of it was not he was so hout a onths. nursing s. with the	1395			
	Interview with the Administrator and Program Director on the same day, revealed the LPN had a mailbox in which the medical consults are placed for his review. Further interview revealed that it was the LPN's responsibility for any new orders to be faxed to the pharmacy. Review of the nursing job description confirmed his duties as stated above and included the following: Administer medications and treatments per physician's orders; Transcribe physician's orders received on tour of duty; Review MAR/narcotic count sheet for completeness before end of duty; Schedule and follow-up medical appointments; and Communicate any changes in resident's condition to the RN.		e LPN had ts are w revealed any new Review of his duties			·	
·			d on tour of intments;				
	however reflecte	bruary and March 20 of the neurologist 's s rileptal 300 mg QAM	September				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	RICLIA MBER:	(X2) MULTIP A. BUILDING B. WING	i i	DASTRUCTION ·	(X3) DATE SI COMPLE	TED
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	administration med 2011, at approxima Resident #1 was a b. Observation of on March 10, 2011 revealed Resident 50 mg, Lamotrigin Review of the resia physician's order for Depakote 500 Review of the Septhe LPN drew a limited was a day. In the LPN drew a limited was notified of the medication errors c. Observation of medication pass of approximately 4:4 was administered Review of the resident's prescription of the resident at approximately 4:4 was administered Review of the resident's prescription of the resident of th	ation of the evening dication pass on Mark ately 4:27 p.m. confind distribution pass on Mark ately 4:27 p.m. confind distribution pass on Mark at approximately 4: #2 was administered to a telephone and kepproximately 4: #2 was administered entry confined atelephone (a) tablets on the through the "once" MAR's for September 2010 MAR's for September ecember 2010 revealed ministered Depako There was no evidence ased the Depakote ased the Depakote of evidence that the place of the evening administry the evening administry the evening administry 1:59 p.m., notion, dated September inform, dated September ministry, d	med that 600 mg. 600 mg. 600 mg. 600 pass 42 p.m. 61 Seroquel 62 750 mg. 62 revealed 62 1, 2010 62 daily. 63 reflect that 64 daily and 64 reflect that 65 revealed 65 revealed 67 reflect that 66 reflect that 66 reflect that 67 reflect that 68 revealed 68 revealed 68 reflect 68 revealed 69 reflect 69 reflect 69 reflect 69 reflect 69 reflect 60 reflect	1395				
	twice daily. Review revealed that the of Seroquel in the evening. Further records revealed physician's order reflected Seroque.	bed Seroquel 50 mg, ew of the March 2011 client was administer e moming and 50 mg review of the residen a pharmacy pre-print, dated March 1, 2011 et 50 mg to be given to e in the evening. The	MAR, red 100 mg in the it's medical ted 1 that wice in the					
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ealth Regulation Adminis	tration						UDVEY
TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0040			(X2) MULTIP A BURLDING		RUCTION	(X3) DATE S COMPLE	TED
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395 Continued From	page 6		1395				
physician or by a	was not signed by the registered nurse. The nysician's order was d 010.	most					
oversight for all t	taff failed to provide Nu he residents who resid hts #1, #2, #3, #4, and	ırsing e in the					
2011 beginning a	e GHPID's LPN on Mar at 8:46 a.m., revealed t t a Registered Nurse (I ne (9) months.	he facility					
Program Directo approximately 10 residents residin	nce conference intervier on March 8, 2011 at 0:08 a.m., revealed all g in the facility were predication. Residents #1 e #1, a - c]	the escribed					
1412 3520.13 PROFE PROVISIONS	SSION SERVICES: G	ENERAL	1 412			-	
professional ser not exist, the Gl- days to show ev provision of the	lences the need for a vice for which arranger IMRP shall have fourte idence of arrangement professional service, e g situations, arrangemilately.	en (14) s for xcept that					
Based on intervi Home for Perso (GHPID) failed t	not met as evidenced blew and record review, ns with Intellectual Discording the provision of Plan (BSP), for one fled in the sample. (Re	the Group abilities of a of the three	8				-
alth Regulation Administration		<u> </u>		envr 1		¥ continu	uation sheet 7 of
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	The finding includes: Interview with the Program Director on March 11, 2011, at approximately 2:48 p.m., revealed that Resident #2 was prescribed psychotropic medications, but he did not have a Behavioral Support Plan. The interview also revealed the resident received Medicaid Waiver Services. A review of the resident's medicaid waiver authorization revealed he had been approved to receive a BSP Initial assessment as of April 27, 2010. At the time of the survey, the GHPID failed to arrange for Resident #2 to receive his initial assessment for a BSP before administering psychotropic medications. 1473 3522.4 MEDICATIONS The Residence Director shall report any irregularities in the resident 's drug regimens to the prescribing physician. This Statute is not met as evidenced by: Based on observation, interview and record verification, the Group Home for the Persons with Intellectual Disabilities (GHPID) failed to report irregularities in the drug regimens to the Primary Care Physician (PCP) for two of the three residents included in the sample. (Residents #1			1412	with a Speci Dlagn Behar	Place will be contract Licensed Behavior alist to develop the ostic Assessment and vior Support Plan for ent #2.	_	4 30]1 011
				1 473	process protoco identify irregula include	rsing oversight RN's a of developing a system of which will document suspected or confirm orities. Such system w	ematic : and ed drug vill	મુક્લ ૫
	and #2) The finding includes: The facility failed to report irregularities in the drug regimens to the Primary Care Physician (PCP) for Residents #1 and #2. [See medication errors as reflected in 3520.2 (e)]					Alert individual's phy remedial action and f recommendation(s).	rsician for /u	
Health Regula STATE FOR	ation Administration M		<u> </u>	<u></u>	BNVR11		if continua	tion sheet 8 of

Health Regulation Ad	ministration						
STATEMENT OF DEFICIENCE AND PLAN OF CORRECTION	IES (X1) PROVIDERS	UPPLIER/CLIA ION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR COMPLETE A. BUILDING B. WING 03/11/2				
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1500 Continued				000	A newly established consultation protocol developed which will the oversight RN's to	allow for	
that the rigit	RP residence director tresidents are ob- a accordance with D.C d other applicable Dis	served and Law 2-137,	t his		 ✓ review and signal consults ✓ take-off and for the pharmacy algorithm ✓ Ensure that a 	ax to the I ed orders	43011
Based on or review, the intellectual and protect Title 7, Chacalled D.C. Chapter 19	e is not met as evident bservations, interview Group Home for Pers Disabilities (GHPID) for residents' rights in accepter 13 of the D.C. Collaw 2-137, D.C. Code and other District law of rights of persons with the property of the persons with the property of the persons with th	s and record ons with ailed to obser cordance with ode (formerly e, Title 6, ws that goven th mental	rve h		recommends are also rev approved by ✓ Ensure timel scheduling recommend return/follow	ed order riewed and the PCP of all ed	
facility. (Re The finding 1. (Chapter shall have or excession administer of a licens patient's	er 13, § 7-1305.05.(h) the right to be free from the medication. No me and unless at the written and physician, noted pro- medical record and sig	, and #5) all customer m unnecessa dication shall n or verbal or omptly in the	be der		Direct care staff are in the process of be serviced on each R HMCP, BSP (if appropriate addition there will be scheduled in-service individual diet plan medical diagnosis.	eing in- lesidents blicable) ISP es. In be ces on s and major	-1/30/H
The GHMI Resident to rexcession psychotrol During the 2011 at ap	within 24 hours. RP failed to demonstrate the right to be free from the medication; specific medications as evident and the representation of the rector revealed Region. Continued intervalation	m unnecessa cally, denced below on March 8, 1., interview w desident #1 ha	r: vith		All nursing polices procedure/protocol incident reporting currently being recoversight RN's — in practices and regular mandates. All new be reviewed by mandal persons in care coordination an orientation to policies.	ols (including) are vised by the o reflect best ulatory w policies will ranagement nvolved in n will-receive	

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	Review of the resise 2011 at approximate psychotropic meditor 10, 2010. Further review revealed the Resident #1's Send 200 mg to 400 mg consent for the Send documented et Seroquel XR 400. At the time of the sprotect Resident #1 unnecessary or exspecifically, to ensprovided before the of his psychotropic 2. The GHPID fall for Residents #1 accompliance with parevealed Resident are 2011, beginning a revealed Resident for the was on an outil local emergency report, the resident he was on an outil local emergency repetember 15, 20 neurologist and his 300 mg BID to 300 P.M. to control his neurologist increas Medication Admin September 2010,	revealed the resident stropic medication. dents' record on Marchy 11:02 a.m. reveal cation review dated Coreview of the medicate psychiatrist recommoduel XR to be increal. Although the resideroquel XR 200 mg, the vidence of consent formg. survey, the GHMRP factors informed consent for coessive medication; are informed consent to medication. ed to ensure that medicated #2 were administration.	th 10, led a loctober tion mended sed from ent had lere was the alled to lim was e increase lications ered in rch 8, a.m. in incident to the lire while seen in a thy on a his sed from I mg, Q he esident's AR) for other 2010,	1500	Oversight RN's/ma will be responsible reviewing resident's ISP's for completen /accuracy and to en all residents who an Psychotropic meds current BSP's. 1500 Residential Director will consent forms from gua when there are changin psychotropic medicatio psychotropic medicatio be reviewed by HRC. Of forms will be entered in medical records and be available for inspection. Consent form for Resid has been signed and en into medical record.	for s BSP's and less sure that e on have lobtain ardians in ins. All ins will consent to ent #1	

Health R	egulation Administra	ation				OM DATE S	IDA/EV		
STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	A BUILDIN		(X3) DATE SE COMPLE	TED		
		HFD12-0040		B. WING 03/11/2011					
NAME DE P	ROVIDER OR SUPPLIER				STATE, ZIP CODE	- *			
CARLS P			404 NEWC	TON, DC 2	20032		~~		
(X4) ID PREFIX TAG	/CACH OFFICENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	FULL :	ID PREFIX TAG	PROVIDER'S PLAN OF COPRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)		COMPLETE DATE		
1 500	Review of the Jani Trileptal 300 mg in the PM Review of the Jani Trileptal 300 mgs bedtime. Further however, revealed morning" and a lin Written over those through was the 6 written on top was The MARs from S January 2011 indireceive the increa neurologist. On the morning of approximately 8:4 conducted with the According to the L the neurological at had on September he was not aware. The LPN also revin place for him to been seen by the the medication er his responsibility only doing medical that the agency hourse for appropriate the reducation added that he continues for appropriate added that he continues for approximately statements for approxim	There was no docresident received the as prescribed. uary 2011 MAR reflectively morning and 60 review of the January a line drawn through "at le words was "BID." A 100 mg (at bedtime do	additional cted 00 mg at MAR, 1 "every bedtime." Iso lined beage) and ligh d not ered by the was ne MARs. ledge of ident #1 ated that e Trileptal, no system ent had if was not he was ndicated gistered ien g duties, he residents' ursing notes	1500	As of March 21, 2011, Carl' Place has contracted with the Mid-Attantic Coordinating Center/ RN/CMDN and RN/CMDN to provider RN oversight related to nursing services and the delivery on nursing care. The following actions are being instituted begin to correct the deficite identified in ID Prefix Tag. • MAR's for all residence are in the process being audited, according to the reprocess which incompleteness accuracy. • A meeting has scheduled before oversight RN's residents' PCI Psychiatric properly authorized are curproperly authorized by each practice.	g of g g d to encies 1395 lents of lucies MAR order and the end encies and the end encies and the end encies and encies a	4/30/2011		
Health Rec	ulation Administration				BAR/044	# continu	etion sheet 11 of		

STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION (NAME OF PROVIDER OR SUPPLIER MFD 12-0040 STREET ADDRESS, CITY, STATE, JP CODE	Health F	Regulation Administra	ation				1			
STREET ADDRESS. CITY, STATE, JIP CODE 444 NEWCOMB ST, SE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PRETEX CACI DEFICIENCY MUST BE PRECEDED BY FULL 1500 Continued From page 11 a mailbox in which the medical consults are placed for his review. Further interview revealed that it was the LPN's responsibility for any new orders to be faxed to the pharmacy. Review of the nursing job description confirmed his duties as stated above and included the following: Administer medications and treatments per physician's orders: Transcribe physician's orders received on tour of duty. Review MAR/narcotic count sheet für completeness before end of duty; Schedule and tollow-up medical appointments; and Communicate any changes in resident's condition to the RN. Review of the February and March 2011 MAR reflected the neurologist's September 15, 2010 order (Trieptal 300 mg QAM and 600 mg QPM). Observation of the evening administration medication pass on March 10, 2011, at approximately 4:42 p.m. revealed Resident #2 was administered Seroquel 50 mg, Lamotrigine 150 mg and Keppra 750 mg. Review of the resident's clinical records reviewed a physician's ordered, dated September 21, 2010 for Depakote 500 mg two (2) tablets once					A BUILDING	•	COMPLETED			
CARLS PLACE AMASHINGTON, DC 20032 (A) ID SUMMARY STATEMENT OF DEPICIALCIES (EACH DEPICIAL CONTROLLING MONTH AND ID APPROPRIATE CONTROLLING MONTH AND ID APPRO			HFD12-0040	<u>, </u>						
CARLE PLACE WASHINGTON, DC 20032 PROMDERS PLAN OF CORRECTION CARL DEPOSITION	NAME OF F	ROVIDER OR SUPPLIER		i e						
PREFIX REGULATORY OR ISC IDENTIFYING INFORMATION FREFIX TAG CROSS-REFERENCE TO THE APPROPRIATE DATE	CARLS I	PLACE				0032				
a mailbox in which the medical consults are placed for his review. Further interview reveated that it was the LPN's responsibility for any new orders to be faxed to the pharmacy. Review of the nursing job description confirmed his duties as stated above and included the following: Administer medications and treatments per physician's orders; Transcribe physician's orders received on tour of duty; Review MAR/narcotic count sheet for completeness before end of duty; Schedule and follow-up medical appointments; and Communicate any changes in resident's condition to the RN. Review of the February and March 2011 MAR reflected the neurologist's September 16, 2010 order (Trileptal 300 mg QAM and 600 mg QPM). Observation of the evening administration medication pass on March 10, 2011, at approximately 4:27 p.m. confirmed that Resident #1 was administered Trileptal 600 mg. b. Observation of the evening medication pass on March 10, 2011, at approximately 4:42 p.m. revealed Resident #2 was administered Senoquel 50 mg, Lamotrigine 150 mg and Keppra 750 mg. Review of the resident's clinical records reviewed a physician's ordered, dated September 21, 2010 for Depakote 500 mg two (2) tablets once daily. Review of the September 2010 MARs	PRĖFIX	* /FACH DEFICIENCY	Y MUST BE PRECEDED BY	FULL (PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	YULD BE	COMPLETE		
reflect that the LPN drew a line through the "once" daily and wrote "BID". The MARs for September, October and December 2010 . revealed that Resident #2 was administered Depakote 1000 mg twice a day. There was no	1500	a mailbox in which placed for his reviet that it was the LPN orders to be faxed the nursing job desas stated above an Administer medicar physician's orders; Transcribe physician's orders; Transcribe physician's orders; Review MAR/narcx completeness before Schedule and following to the RN. Review of the February to the RN. But the February to the Review of the March 10, 2011, all revealed Resident 50 mg, Lamotriging Review of the residuality. Review of the reflect that the LPI "once" daily and we September, Octobrevealed that Resident Resident Tonce" daily and we September, Octobrevealed that Resident Resident Resident Tonce Tonc	the medical consults by. Further interview by. Further interview by responsibility for a to the pharmacy. Rescription confirmed hid included the follow tions and treatments an's orders received by the count sheet for one end of duty; where medical appoint changes in resident's where the confirmed that he evening administration March 10, 2011, at 7 p.m. confirmed that he evening medication that he evening medication that he even medical records approximately 4:42 was administered to me the evening medication to the evening medication	revealed ny new eview of s duties ing: per on tour of timents; s condition 1 MAR 15, 2010 ng QPM). ion Resident on pass on p.m. i Seroquel a 750 mg. is reviewed er 21, ets once MARs in the Rs for 110 . Itered	1 500	been replaced. A revised LPN position description, emphasizing care coordination and termanagement is now place and a new LF has been hired, orientation given, a start his duties the of 4/18/11. • A med-pass observing schedule from the left is knowledgeable and competent with region of the property of the medication.	am vin N s will week vation or the	4/30/11		

Health Regulation Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION MEDITAL 20040		RCLIA MBER:	(X2) MULTIPLE CONSTRUCTION R: A. BUILDING B. WING			URVEY ETED 1/2011				
ANA NEW				DDRESS, CITY, STATE, ZIP CODE VCOMB ST, SE IGTON, DC 20032						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	(X5) COMPLETE DATE				
PREFIX (EACH DEFICIENCY MUST BE P	chysician had increase Also, there was no elements of the Ser medication errors. The evening administration March 10, 2011, at 2 p.m. revealed Resistency 1:59 PM, revertigation, dated Septembed Seroquel 50 mg, and the March 2011 client was administer a morning and 50 mg review of the resident a pharmacy pre-print dated March 1, 2011 at 50 mgs to be given once in the evening was not signed by the registered nurse. The pysician's order was designed as the sero order was designed as the pysician's order was designed by the registered nurse.	sed the vidence eptember ration t dent #2 ablet). d on March vealed a aber 21, one tablet MAR red 100 mg in the at's medical led 1 that twice in The resident's e most	1 500							
	oversight for all the facility. (Resident #5)	taff failed to provide he residents who residents who residents #1, #2, #3, #4, and	d							
	: 2011 heginning 2	e GHPID's LPN on M at 8:46 a.m. revealed t a Registered Nurse ne (9) months.	Me ISCINIA							
	Program Directo	nce conference intentron March 8, 2011 a 0:08 a.m. revealed al g in the facility were	it II the							

ealth Re	gulation Administra				107031	(X3) DATE S	(X3) DATE SURVEY				
ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ERICLIA IMBER:	(X2) MULTIPI A BUILDING		COMPLETED						
		B. WING		03/1	1/2011						
		HFD12-0040	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE	·					
	OMDER OR SUPPLIER		ADA NEW	COMB ST, SE GTON, DC 20032							
ARLS PLACE WASHING			STON, DC 20	032	OCIDECTION	(00)					
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				1500							
Psychotropic medication. Residents #1, #2, #3,											
; 	#4, and #5) [See I	M, a - c]	1, 22, 20,								
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER HFD12-0040			(X2) MULTIPL A. BUILDING B. WING	ECONSTRUCTION	(X3) DATE S COMPL		
NAME OF O	20110E0 00 SI 1001 IED	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	STREET ADD	RESS, CITY, ST.	ATE, ZIP CODE		
404 NEWC				OMB ST, SE TON, DC 200			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(XS) COMPLETE DATE
R 000	INITIAL COMMEN	TS		R 000			
	A licensure survey was conducted on March 8, 2011, through March 11, 2011. A random sample of three residents was selected from a resident population of four men and one woman. The survey findings was based on observations in the home, interviews with administrative, nursing and direct care staff and residents as well as a review of resident and administrative records, including incident reports. 4701.4 BACKGROUND CHECK REQUIREMENT The facility shall obtain a criminal background check from the Metropolitan Police Department, from the U.S. Department of Justice, or from a private agency. This Statute is not met as evidenced by: Based on interview and review of the records the GHMRP failed to ensure all direct care staff had obtained a criminal background check from the Metropolitan Police Department, from the U.S. Department of Justice, or from a private agency. The finding includes:		from a ewoman. evations ive, ints as well ive IREMENT iround artment, from a cords the staff had from the ne U.S.	R 124	following policy to assu- Criminal Background Care completed on all employees: In the interview process Program Director will enthat all potential employ Cari's Place have received background check from Metropolitan Police Department of before employment. The Administrative Secretary insure that each prosper employees record included ackground check before the process of the care and the care and care an	the interview process the ogram Director will ensure at all potential employee for ari's Place have received a ockground check from both extropolitan Police Department d U.S. Department of Justice	
	2011, beginning at revealed that Staff November 10, 201 there was no evide had been obtained 2. Review of personal 2011, beginning at Staff #4 began em At the time of the staff #4 began em At the time at the staff #4 began em At the time at the staff #4 began em At the staff #4 began e	annel records on Mai approximately 10:42 #2 began employme 0. At the time of the ence that a backgroud for this staff member onnel records on Mai 10:42 a.m., reveale ployment on January survey, there was no I check had been ob	ent on survey, and check er. rch 11, d that 8, 2011. evidence				
lealth Regu	lation Administration				The F		(X6) DATE
_	•	nenæliggi isa pepassei			TITLE		yy * · · ·

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLI

STATE FORM

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If continuation sheet 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER HFD12-0040			A. BUILDING B. WING		NSTRUCTION	CON	TE SURVEY MPLETED 3/11/2011		
NAME OF P	ROMDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE.	ZIP CODE			
CARLS F	PLACE	, · · ·		COMB ST, SE TON, DC 200					
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R 125	The criminal backg criminal history of contract worker for in all furisdictions viemployee or contract resided within the scheck. This Statute is not Based on the review agency failed to er checks for all jurish had worked or resiprior to the check, employed. (Staff The findings included Review of personal beginning at 10:42 began employment Further review of the was employed in September 2004, the time of the surnot been obtained	pround check shall ditte prospective emplitude previous seventithin which the prospect worker has workes even (7) years prior met as evidenced bew of personnel records are criminal backgrictions in which the ided within the seven for one out of the thin #6,) de: nel records on March a.m., revealed that it on September 8, 20 he record revealed Silver Spring, Md, from this employee (7) tions within which the for this employee (7) tions within which the	sclose the cyee or (7) years, pective ed or to the y: rds, the round employees (7) years rieen staff #6 on 005. At heck had years	R 125	the acube following the period of the sum of	very (6) six months to at all required certificat all required certificat documentations at all required certificated documentations at all required certifications. These records ecome part of the period decided and kept on file a coperate office. To spective employees a considered for employees accounted in the pre-employee personnel result and without U.S. Deput and without U.S. Deput and without U.S. Deput arksburg W.V. for concriminal background at 4-07-11. Records and at 4-07-11. Records a completion and return around ecompletion and return around (10) ten to (21) days	ations re will reconnel sonnel at the swill not loyment re not cloyment returned s. All records s. Place and any partment checks s in mpletion check ow ro of that d. The time for urn of the checks	4/30/11	